**DOCUMENT #** 

1. Entity Name GFH/NOTE I, LTD



Principal Place of Business 201 ALHAMBRA CIRCLE. SUITE 6	0
CORAL GABLES FL 33134	

Mailing Address

	NAME .		記書
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FILED

03 APR 18 PH 1:55

-COSTARY OF STATE

CORAL GABLES FL 33134 COCONUT GROVE FL 33133					SECRETARY FLORIDA					
Principal Place of Business     Address     Mailing Address				iling Address			418			
Suite, Apt. #, etc. Suite, Apt. #, etc.			e, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State City & State			& State			4. FEI Number 65-1082068 Applied For Not Applied				
Zip	- [	Country	Zip	Zip Cour			5. Certificate of Status Desired See Required Fee Required			
	6. Name	and Address of Current	Registere	ed Agent			7. Name and Address of New Registered Agent			
STANLEY	SHERRY A				1	Name				
,		DR., Suite 1775			-	Street Address (P.O. Box Number is Not Acceptable)				
	GROVE F				<u> </u>		200016235012			
COCONO	I GROVE F	L 33133			}		04/18/0301018008 **141.25			
						City	FL Zip Code			
8. The above	named entity	submits this statement for	or the purp	oose of changing its r	registered (	office or register	red agent, or both, in the State of Florida. I am familiar with, and accept			
(10 00.1gat	iona or rogior	Diod agoin.								
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	dicable.		<del></del>	DATE			
9. Capital Co		\$1,000.00		0. Amount of Capita	I Contributi	ions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE			
as Shown o				in FLORIDA to da	ite.		SEE REVERSE SIDE FOR FEE INFORMATION			
							TERED AND ACTIVE WITH THIS OFFICE, it must be filed to change a general partner.			
12.		GENERAL PARTNE		<del></del>	13.		ADDRESS CHANGES ONLY			
DOCUMENT #	F98000002				STREET A	IDDRESS				
NAME		REET MANAGEMENT,			Ome					
CITY-ST-ZIP	STREET ADDRESS 2601 S. BAYSHORE DRIVE SUITE 1775 CITY-ST-ZIP COCONUT GROVE FL 33133		CITY-ST-	-ZIP						
DOCUMENT #					<del>-</del>					
NAME					STREET A		· · · · · · · · · · · · · · · · · · ·			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** 

STAPLE CHECK HERE

Daytime Phone #